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| SERIAL NUMBER 09/178,035 | FILING DATE 10/23/98 | CLASS 435 | GROUP ART UNIT 1636 1651 | ATTORNEY DOCKET NO. CTI-49-DIVI |
|-----------------------------|-------------------------|--------------|--------------------------------|------------------------------------|

APPLICANT

MELISSA CARPENTER, LINCOLN, RI.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A DIV OF 08/926,313 09/05/97

PAT 5,968,829

371 (NAT'L STAGE) DATA***

VERIFIED

None

FOREIGN APPLICATIONS***

VERIFIED

None

FOREIGN FILING LICENSE GRANTED 11/12/98

***** SMALL ENTITY *****

| | | | | | |
|---|--|------------------------|---------------------|-------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY RI | SHEETS DRAWING 4 | TOTAL CLAIMS 2 | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged <u>IVOR R. ELRIFI</u> | Examiner's Initials _____ Initials _____ | | | | |

ADDRESS

IVOR R. ELRIFI
 MINTZ LEVIN
 ONE FINANCIAL CENTER
 BOSTON MA 02111

TITLE

CULTURES OF HUMAN CNS NEURAL STEM CELLS

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|------------------------------|---|--|
| FILING FEE RECEIVED \$395 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
|------------------------------|---|--|